

APPLICATION OF CERTIFICATE OF ACCEPTABILITY MOBILE/MANUFACTURED HOMES

Department of Housing, Building & Construction
Manufactured Housing Section
101 Sea Hero Road, Suite 100
Frankfort, KY 40601-5405

The undersigned hereby makes application for a Certificate of Acceptability as a Manufacturer of Mobile/Manufactured Homes.

Company Name: _____

Address: _____

Street Number or Route & Box Number

(City)

(State)

(County)

(Zip Code)

(Area Code & Phone Number)

(Fax Number)

List all manufacturing plants and locations (Name, City & State)

List Corporate Officers

Name

Title

Social Security #

Name

Title

Social Security #

Name

Title

Social Security #

Name

Title

Social Security #

A fee of \$500.00 must accompany this application. Make check or money order payable to the **Kentucky State Treasurer.**

The undersigned states the he/she is the applicant or the authorized signature of the application. That he/she has read the statements contained in this application, and that the same are true and correct. That statements made herein are made under full and complete knowledge or penalty or perjury and that fraudulent or misleading statements may be grounds for suspension, revocation or denial of the certificate for which this application is submitted. Pursuant to KRS 227.550, he/she authorizes the Office of the State Fire Marshal to obtain sufficient financial information to establish our ability to comply with the requirements of the Mobile Home and Recreational Vehicle Act. I hereby certify compliance with the applicable standards of KRS 227.550-227.660 and all the Regulations thereunder.

I understand that I am required to submit a Unit Certification Format listing sales to licensed Kentucky dealers at the end of every month. A copy of the current installation manuals for single and multi wide manufactured/mobile homes must accompany this application.

Signature of Applicant

Title

Date

**Manufactured/Mobile Home
Unit Certification Format**

Name of Manufacturer			
Mailing Address		County	
City	State	Zip Code	Phone#

No.	SERIAL#	HUD LABEL#	DATE MFG	MODEL	SIZE	DEALER NAME & ADDRESS

This form must be used in reporting units to the Office of the State Fire Marshal. The form should be completed in duplicate with the original sent to the Office of the State Fire Marshal, and the copy retained by the manufacturer. This form should be mailed to the Office of the State Fire Marshal at the end of each month, no later than the first week of each month.

_____	Date_____
Person Authorized to Certify These units	